

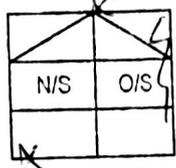
ASS. REC. BY: Taylor

REF:

Alcy

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_



(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rport: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
PRS  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: FBL 4961M Regn: 1  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: M. Yamaha C.C. \_\_\_\_\_  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: - T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: ME / KG 06954-2001981  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 90/80 R17  
 R: 130/70 R17  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm  
 D.O.A. \_\_\_\_\_ D.O.I. 6/4/20  
 Survey held at M1 Mac Farley  
 Des. of Damages: FR / Rear / O/S / NIS / UIC / Rooftop or \_\_\_\_\_  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>No estimate &amp; GIA</u>

Date/Time, File Pass to?  : Prel. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Rep. Format: \_\_\_\_\_  
 Lump Sum / L.B.C. \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee:  Site Insp (\$ \_\_\_\_\_)  
 Interview (\$ \_\_\_\_\_)  
 Tech. Invs (\$ \_\_\_\_\_)  
 Wheel end (\$ \_\_\_\_\_)

Survey Fee:	_____
Transportation:	_____
_____ \$ + RS. _____ \$	_____
Photos	_____
Others	_____
TOTAL	_____